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Mental Health Aspects of Venereal Disease in Adolescents

TO THE mental health observer the problem faced by the worker concerned with the treatment and control of venereal disease in adolescents in the Western countries is like that of fighting a fire in an oil well. With improved equipment the VD fighters seemed by 1957 to have their raging fire coming under control. They were congratulated that the end was in sight of VD as a major medical problem. Then the ever fed fires flared up again and have defied even the extended use of the newer control devices. Now more than ever the thoughts of everyone concerned turn on the method by which the fire gets its continuous supply of fuel and what kind of fire proofing can be applied.

The students of the increasing problem of teen-age venereal disease speculate on many areas of possible cause. Most frequently mentioned in the literature are changes in patterns of adolescent freedom leading to greater promiscuity, of sexual morality, and of family responsibility (with the gang influence being greater than that of the family), public emphasis on sex in mass media, inadequate information and religious education, society's tensions, speed-up and lowering of standards, and medical indifference, lack of orientation, and negligence.

However, if one looks back to the years before these "changes" in society the rate of teen-age VD was much higher. Obviously then these are at best only partial answers, expressed in generalizations. However, they represent the fire fighter's discontent and even discouragement with the relatively poor fireproofing.

It is suggested that when these generalizations of the VD problem in teen-agers are looked at more closely by the mental health observer there are some indications where the work of fireproofing must be done. First, if it is true that the medical profession has made a contribution to the current increase in the problem, this contribution includes relief from fear of VD. With more effective treatment methods, many youngsters now shrug their shoulders and say "What's the fuss about—all it needs is a shot"—and they may be more afraid to have the shot than the infection. Many parents resent being called to the clinic about their youngster's VD saying, "Is that all you wanted me here for? It's nothing serious." We have also taken much of the fear out of such processes as menstruation, becoming pregnant, and involuntary nocturnal emissions. We must therefore conclude that our educational efforts are incomplete and should be reviewed. This will be necessary not only in reviewing the overall goals of sex education but also its incompleteness. For example, some adolescent girls taking contraceptive pills believe that these also protect against venereal disease.

Secondly, the distortions which led to gang activities, promiscuity, etc in the lives of current teen-agers took place a half generation ago. Important determinants of present sexual behavior are early development of impulse control difficulties, often in the presence of overstimulation of impulses, preoccupation with dependency needs, a faulty value system, and the mental process known as the repetition compul-

sion. If the child from 3 to 6 years of age is exposed to open sexuality, open violence, and overindulgence in any of the appetites, such patterns become imbedded. Where the mores in the environment at any level of society include tolerance of poor control over any or all inner urges, the child has an additional model to use when his own urges, including the sexual, become stronger in adolescence. When in combination with these there is a preoccupation with having dependency needs met, the stage is set for the use of sexual activity as a prime means of establishing relationships in which an attempt is made to be "cared for" by another person, which is bound by its nature to be unsuccessful in meeting such a goal. Another sad part of this type of early and mid-adolescent pattern of promiscuous sexuality is that it is often not even physically satisfying and lacks the components of tenderness and affection which can give sexual ties more lasting meaning.

The mechanism known as the repetition compulsion is frequently also involved in many youngsters who have been exposed to sexual overstimulation, or actual seduction early in life. There is then internal pressure on the individual to repeat these patterns on their own when able. In a gang, it requires only one such individual, male or female, who had been seduced when younger and therefore has the repetition compulsion to carry out the same act with others. Once sexual activity is initiated into the group, it can become a requirement to be part of the gang, particularly for girls.

If these observations are valid, they point to the preventive approaches that must be applied. It is nothing new that the types of fuel which determine the kinds of fire to be dealt with in adolescence are kindled early in childhood. It is evident that once these fires burst out in the form of VD the fire fighters are most often only dealing with the current manifestations of long standing accumulations of fuel.

At the same time that the current new generation is developing its picture of the basic components which determine its standards and patterns of relationships and behavior underlying later adolescent func-

tioning, we must realize that young people face the need to apply the older generation's values in an increasingly different milieu. Its members are faced with learning how to deal with new forms of violence and destruction in a faster moving world in which cars and dope will often be available to them. Advances in medical science makes possible a slowly changing sexual morality (see "Sex and the College Student," report No. 60 of the Group for Advancement of Psychiatry). There is awareness that even in the Church, a significant minority of theologians is pressing for change in allowable practices related to control of pregnancy, etc. The youngsters keep close watch on the significant role that teen-age students are having in forcing social and political changes not only in the smaller countries but also in the civil rights movements in our own country. In other words, our preventive approaches must prepare young children to incorporate information as to how the old standards and values apply to new horizons. If sound answers are not supplied before adolescence, it is much harder and sometimes impossible to teach them.

Prevention is harder to apply than fighting fires, as well as being much more expensive. Therefore much more evidence is needed that all such effort and support is necessary. We need to collect such evidence. Observations like those made here come from small samples looked at with the low power of our study microscopes. If there is truly a need to interrupt the problems, of which VD in teen-agers is only a symptom, behavioral science needs to study in depth to make crystal clear where preventive approaches must be applied, and also to build up both professional and public awareness and indignation. At the same time we must continue to fight the fires as best we know how, keeping in mind that each patient is an individual with determinants of his behavior peculiar to him which cannot be dealt with in generalizations.

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